

# **Mental Health Long Term Vocational Support Policy Manual**

**January 2010**

**(Updated July 2011)**

# Mental Health Long Term Vocational Support Policy Manual

## Table of Contents

1. DHHS Vocational Policy
2. Purpose of MH Long Term Vocational Support
3. Administration of MH Long Term Vocational Support
4. Eligibility for MH Long Term Vocational Support
  - Diagnostic Criteria
  - Clarification Regarding Co-Occurring Disorders
  - Employment Criteria
5. Transition Plan Guidelines
6. LTVS Funds to Assist Individuals Who Lost Their Jobs
7. Collaboration with Mental Health Providers
8. MH Long Term Vocational Support Services vs. Community Support Services
9. Rights of Recipients of Mental Health Services



*Department of Health  
and Human Services*

*Maine People Living  
Safe, Healthy and Productive Lives*

*John E. Baldacci, Governor*

*Brenda M. Harvey, Commissioner*

**Office of the Commissioner**

**Employment Policy for Individuals Served**

---

**1. DHHS Vocational Policy**

Policy # DHHS-CS-01-10

**I. SUBJECT**

Employment Policy for Individuals Served

**II. POLICY STATEMENT**

The Department of Health and Human Services shall support career development and meaningful employment for all working aged individuals receiving services through the Department. Employment is part of the natural course of adult life and provides opportunities for economic gain, personal growth and contributing to one's community. The development of a skilled and motivated workforce is essential to meeting the needs of Maine businesses.

**III. GUIDING PRINCIPLES**

Implementation of the DHHS Employment Policy will be driven by continuing quality improvement, quality assurance and service accountability consistent with the following tenets:

1. All individuals shall be presumed able and have the opportunity to work.
2. Career planning will result from a strength based approach identifying the individuals' interests, capabilities and supports needed for successful employment.
3. Employment support will emphasize the development and use of natural connections such as co-workers, supervisors, friends and family.
4. Employment shall be in integrated businesses and offer compensation that is fair and equitable.
5. Employment services shall be culturally and linguistically appropriate.
6. Efforts to increase employment will be coordinated in partnership with other State and Private agencies working toward a strong, diversified Maine workforce.

**IV. PRACTICE GUIDELINES**

This Departmental Policy provides the framework for employment practice guidelines within each participating Division/Office of DHHS. Those practice guidelines will adhere to and support this Employment Policy.

Employment Policy for Individuals Served  
DHHS-CS-01-10

**V. POLICY DEVELOPMENT**



Department of Health  
and Human Services

Maine People Living  
Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Office of the Commissioner

Employment Policy for Individuals Served

This policy was developed by the DHHS Employment Policy Workgroup (Offices of Adult Mental Health Services, Adults with Cognitive and Physical Disability Services, Child and Family Services, Elder Services, Integrated Access and Support, MaineCare Services and Substance Abuse in collaboration with the Maine Department of Labor, Bureau of Rehabilitation Services in September, 2010 and approved by the Integrated Management Team on October 7, 2010.

## VI. BACKGROUND

This policy replaces the DHHS/BDS Vocational Policy #01-CS-110 issued October 18, 2000. That first departmental *Vocational Policy* assisted the then Department of Behavioral and Developmental Services with moving toward a system that supports integrated, community based employment. The Policy was instrumental in promoting the conversion of sheltered workshops in Maine, and ending all state funding of segregated employment in July, 2008. The Policy was also instrumental in better coordinating services within the Department to increase the numbers of individuals working for real wages at real jobs in Maine.

This 2010 DHHS Employment Policy builds upon and expands the scope of this policy direction by addressing the employment needs of people served by DHHS who experience barriers to employment. It will ensure that supporting an individual's employment goals will continue to be an integral part of the work that the Department does in supporting Maine people to lead productive lives in their communities.

## VII. DEFINITIONS

**Integrated:** "Integrated Community Setting (business) with respect to an employment outcome means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons."

<http://www2.ed.gov/policy/speced/guid/rsa/tac-06-01.doc>

**Fair and Equitable Compensation:** Individuals employed at a business are compensated in an even and fair method by the employer as outlined in the Fair Labor Standards Act.

<http://www.dol.gov/dol/topic/wages/index.htm>

**Culturally and Linguistically Appropriate:** Support is provided that meets the National Standards of Culturally and Linguistically Appropriate Services.

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

November 15, 2010

Effective Date

Brenda M. Harvey  
Commissioner

## **2. PURPOSE OF MENTAL HEALTH LONG TERM VOCATIONAL SUPPORTS**

The purpose of mental health long term vocational supports is to provide persons with psychiatric disabilities with the employment support necessary to keep a job. Funding for those services is available through the DHHS Office of Adult Mental Health Services.

## **3. ADMINISTRATION OF MENTAL HEALTH LONG TERM VOCATIONAL SUPPORTS**

The DHHS Office of Adult Mental Health Services has contracted with APS Healthcare in South Portland, Maine to administer MHLTVS. All application and billing information is submitted electronically to APS Healthcare for processing.

For more information contact:

APS Healthcare  
600 Sable Oaks Drive  
Suite 100  
South Portland, ME 04106  
866-521-0027 Phone  
866-325-4752 Fax  
[www.qualitycareforme.com](http://www.qualitycareforme.com)

## **4. ELIGIBILITY FOR MENTAL HEALTH LONG TERM VOCATIONAL SUPPORT**

Eligibility for Mental Health Long Term Vocational Support is based on diagnostic and employment criteria. Persons can be found diagnostically eligible with funding determined at the same time or at a later date, depending upon when the employment criteria and transition plan requirements are met.

### **Diagnostic Eligibility Criteria**

The person is age eighteen (18) or older or is an emancipated minor

**AND**

The person meets the clinical criteria for eligibility under Section 17.02-3(B) of the MaineCare Benefits Manual

**17.02-3 Specific Requirements.**

1. Has a primary diagnosis on Axis I or Axis II of the multi-axial assessment system of the current version of the *Diagnostic and Statistical Manual of Mental Disorders*, except that the following diagnoses may not be primary diagnoses for purposes of this eligibility requirement:
  - a. Delirium, dementia, amnesic, and other cognitive disorders;
  - b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries;
  - c. Substance abuse or dependence;
  - d. Mental retardation;
  - e. Adjustment disorders;
  - f. V-codes; or
  - g. Antisocial personality disorders;

**AND**

Effective  
10/1/09

2. Has a LOCUS score, as determined by staff certified for LOCUS assessment by DHHS upon successful completion of prescribed LOCUS training, of seventeen (17) (Level III) or greater, except that to be eligible for Community Rehabilitation Services (17.04-2) and ACT (17.04-4), the member must have a LOCUS score of twenty (20) (Level IV) or greater.

**OR**

Has received Section 17.02-3(B) services within the past two (2) years.

### **Clarifications Regarding Co-Occurring Disorders**

People who meet the above criteria and have additional disabilities (including substance abuse and mental retardation) are eligible.

If an individual does not have a mental illness diagnosis, but has a substance abuse diagnosis they are not eligible.

If an individual does not have a mental illness diagnosis but has been diagnosed as having mental retardation, they are not eligible.

### **Employment Eligibility Criteria for MH Long Term Vocational Support**

1. The person must have a job.
2. The job must be in competitive employment, defined as:
  - pays at least minimum wage
  - employment setting includes co-workers who are not disabled
  - position can be held by anyone, that is, one doesn't need to have a disability to hold the job
3. Long term supports are required to maintain the job.

## 5. TRANSITION PLAN GUIDELINES

Payment is dependent on the submission of transition plans.

The purpose of the Transition Plan is to convey how long term vocational supports will be provided to consumers by Community Rehabilitation Providers (CRPs) and to ensure that this plan is consistent with the individual needs and interests of the consumer as well as the values of the Office of Adult Mental Health Services. This occurs through joint participation in the creation of the individualized plan by the consumer, provider, and vocational rehabilitation counselor (if any). Providers must **completely** fill out the Transition Plan, leaving no questions unanswered.

### To be completed by the consumer:

The first part of the Transition Plan is to be completed by the consumer. The information requested on this segment of the Transition Plan includes details about the individual's employment such as place of employment, number of hours worked, hourly wage, length of time employed, job satisfaction or dissatisfaction, and kind of support received.

### Services (to be completed by the CRP):

The next part of the Transition Plan lists the CRP person who will be providing primary support to the individual, and also lists the vocational rehabilitation counselor (if any). It includes the anticipated start date of long-term support and the duration of the plan.

A Transition Plan can have a maximum duration of six months if it is a new plan. **When an individual begins a new job, a new plan must be submitted.** The CRP, VR Counselor (if any) and the consumer should mutually agree upon the number of support hours needed, and all are required to sign the plan. The total number of hours needed to provide support through the length of the plan, the hourly service rate, and the total cost of the plan must be noted.

***If the number of hours needed to support the individual exceed 25% of the number of hours the individual works, the transition plan must include a detailed justification.***

If the individual's Transition Plan has expired and he or she is still employed at the same place, indicate that the plan is a twelve-month renewal.

The **service portion** of the plan asks three questions that are to be answered by the CRP with consumer input.

1. The first question asks for a **detailed** description of what the provider will be doing to provide support, and why. This should be detailed enough so that the functional challenges the consumer is having at work are clearly indicated as well as the interventions the provider makes to help the client be more successful at his or her job.
2. The second question asks for a schedule of decreasing levels of support.
3. The third question asks what methods will be used to facilitate natural supports. The level of long term vocational support should be reduced as the individual develops more confidence in his or her ability to perform the job. This confidence should come with familiarity with the job and the development of relationships with coworkers and supervisors. Part of the role of the long term vocational support provider is to help the individual become comfortable in communicating directly with coworkers and staff when issues arise. As natural supports are developed, the level of support from the provider should be reduced. However, it is not uncommon for individuals to continue to need some long term support for extended periods of time. Part of the role of the provider is to educate the employer about the needs of the individual and ways the employer can assist the individual if problems develop.

The long term vocational support program is designed to be flexible in order to meet the needs of individuals with mental illness. Understanding that mental illness is often cyclical, with symptoms reemerging at different times in an individual's life, more support is available to assist the individual in maintaining employment as needed. When additional support is needed the CRP must communicate with APS Healthcare and request prior approval.

The Transition Plan must be signed by the consumer (indicating direct involvement), the CRP staff person who completed the plan and the CRP primary support person (if different), and the VR counselor (if any).

**NOTE:** In order for a Transition Plan to be approved, the individual first must have been found diagnostically eligible for long term vocational supports. Initial Transition Plans should be submitted when there has been time for the development of natural supports (a good rule of thumb is at six weeks after the start of employment). For those individuals whose Transition Plans need to be renewed, the plans should be submitted six weeks prior to the expiration of the current plan.

Transition plans must be submitted electronically to APS Healthcare. Submissions will be reviewed for diagnostic eligibility and compliance with all DHHS Transition Plan Guidelines as set forth above.



## **6. USE OF LTVS FUNDS TO ASSIST INDIVIDUALS WHO HAVE LOST THEIR JOBS:**

Long Term Vocational Support Funds may be used to assist individuals on a short term basis who have recently lost their job or have been informed they will soon be losing their job.

To be eligible for this service the individual must:

1. Have a current Office of Adult Mental Health Services Long Term Vocational Support Transition Plan
2. Have been employed at the current job for at least one month (if less than a month individual should resume working with their Employment Specialist).
3. Not be eligible for Post Employment services through the Division of Vocational Rehabilitation

A maximum of 8 hours of Employment Specialist services are available to eligible individuals. Support services will be focused on items such as resume updates, identifying job contacts and resources, and developing a job search strategy (so that the individual can continue on his/her own if needed). Utilizing Career Centers as a resource is encouraged. If the individual has a Community Integration worker, that person should be contacted (with the consumer's permission) and should be involved in developing and helping the consumer to carry out the job search plan.

## **7. COLLABORATION WITH MENTAL HEALTH PROVIDERS**

Vocational Long Term Support Providers are encouraged to collaborate with mental health providers (with proper releases). Long Term Support Providers may bill for a maximum of two hours per quarter for meeting with a mental health treatment team and/or community support worker. This applies to face to face meetings only.

## **8. LONG TERM VOCATIONAL SUPPORT SERVICES VS. COMMUNITY SUPPORT SERVICES**

The DHHS Office of Adult Mental Health Services funds agencies that provide community integration services/case management. A person works with his/her community integration worker to develop an Individual Support Plan (ISP). This provides consumers the opportunity to

have regular discussions about life plans and what other supports they may need to achieve and maintain their career goals.

MH Long Term Support Transition Plans should NOT include case management functions such as:

- ☒ Planning, implementing and monitoring an ISP
- ☒ Coordinating services so that they support, not interfere with work
- ☒ Linking to other supports, (such as therapists, payee, substance abuse treatment) when the consumer needs additional support to be effective on the job
- ☒ Advocating, along with the consumer, that work is an important part of this person's life and to not let "treatment" be prioritized over work.
- ☒ Monitoring services, needs, etc.
- ☒ Problem solving with community rehabilitation providers around issues such as transportation and benefit clarification.

## **9. RIGHTS OF RECIPIENTS OF MENTAL HEALTH SERVICES**

All providers of mental health long term vocational support services are required to notify all of their clients of their rights under the Rights of Recipients of Mental Health Services. The provider shall also provide information to clients regarding available advocacy programs. Attached is a summary of the Rights of Recipients of Mental Health Services for reference.

Additional information is also available at [www.maine.gov/dhhs/mh/](http://www.maine.gov/dhhs/mh/)

## Summary of the Rights of Recipients of Mental Health Services

This is a summary of your rights as a recipient of community based services under the Rights of Recipients of Mental Health Services. You have a right to obtain a full copy of the rights from this agency or from the Department of Health and Human Services, Office of Adult Mental Health Services, 11 State House Station-Marquardt Bldg.-2<sup>nd</sup> Floor, Augusta, Maine 04333, Tel # (207) 287-4243, TTY #: 1-800-606-0215. If you are deaf or do not understand English, an interpreter will be made available to you so that you can understand your rights.

1. Basic Rights: You have the same civil, human, and legal rights which all citizens have. You have a right to be treated with courtesy and full respect for you individuality and dignity.
2. Confidentiality and Access to Records: You have the right to have your records kept confidential and only released with your full informed consent. You have the right to review your record at any reasonable time. You may add written comments to your record to clarify information you believe is inaccurate or incomplete. No one else can see your record unless you specifically authorize them to see it, except in instances described in the complete rights book.
3. Individualized Treatment or Service Plan: You have the right to an individualized plan, developed by you and your worker, based upon your needs and goals. The plan must be in writing and you have the right to a copy. The plan needs to specifically detail what everyone will do, the time frames in which the tasks and goals will be accomplished and how success will be determined. The plan must be based upon your actual needs and, if a needed service is not available, detail how your need will be met.
4. Informed Consent: No services or treatment can be provided to you against your will. If you have a guardian, he or she is authorized to make decisions without your consent. You have the right to be informed of the possible risks and anticipated benefits of all services and treatment, including medications, in a manner which you understand. If you have any questions, you may ask your worker or anyone else you choose before making decisions about treatment or services. If a guardian has been authorized to make decisions for you, the guardian has the right to be fully informed of all risks and benefits or proposed treatment or services.
5. Assistance in the Protection of Rights: You have the right to appoint a representative of your choice to help you understand your rights, protect your rights or help you work out a treatment or service plan. If you wish a representative, you must designate this person in writing. You can have access to the representative at any time you wish and you can change or cancel the designation at any time.
6. Freedom from Seclusion and Restraint. You cannot be secluded or restrained in the community setting.

7. Right to File a Grievance. You have the right to bring a grievance to challenge any possible violation of your rights or any questionable practices. You have the right to have your grievance answered in writing, with reasons for the decisions. You may appeal any decision to the Office of Adult Mental Health Services. You may not be punished in any way for filing a grievance. You cannot be retaliated against for filing a grievance. For help with filing a grievance, contact the Grievance Coordinator, 11 State House Station-Marquardt Bldg. 2<sup>nd</sup> Floor, Augusta, Maine 04333, Tel #: 287-4249 or The Disability Rights Center of Maine, PO Box 2007, Augusta Maine 04338-2007. Tel # 1-800-452-1948.